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January, 1990

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OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Mississippi

Requirements for Third Party Liability
Identifying Liable Resources

Citation
433.138(f)
52 FR 5967

- (1) The designated state agency, Department of Human Services (DHS), performs the required data exchanges specified in Section 433.138(d)(1) during application period and at least on a quarterly basis. The exception to this time frame is the institutionalized individuals for which exchanges of data are conducted as specified in Sec. 435.948(d).

Data exchange agreements have been executed with Workers' Compensation Commission and the Department of Public Safety with specified exchange time frame on each of annually.
(Section 433.138(d)(4))

The MMIS identifies on a monthly basis those paid claims that contain diagnosis codes 800-999 (ICD9CM) for the purpose of identifying the legal liabilities of third parties.
(Section 433.138(e))

433.138(g)(1)(ii)
and (2)(ii)
52 FR 5967

The TPL unit receives health insurance information from DHS who performs the SWICA and SSA wage and earnings files data exchanges. DHS maintains a copy of the TP information in the eligibility file and sends a copy to the DOM TPL Unit. The TPL Unit completes any necessary research, enters the data into the MMIS TPL files within 45 days, and files the hard copy information.
(Section 433.138(g)(1)(i))

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The TPL Unit receives insurance information from DHS, the SSA, and the Medicaid Regional Offices from application and redetermination procedures for Medicaid eligibility. The sources of eligibility maintain a copy of the third party information in the eligibility case file and send a copy to the DOM TPL Unit. Within 60 days, the TPL Unit completes the necessary research, enters the data into the MMIS TPL Support System, and files the hard copy document.

(Section 433.138(g)(2)(i))

The required data exchange takes place annually with the Mississippi Workers' Compensation Commission. In order to incorporate TPL data within 60 days as specified in Section 433.139(g)(2)(i), prior to producing the final report of "hits," the MMIS cross references the matched tape received back from WC with the trauma code claims which appeared on the Trauma Code edit reports to avoid duplication of effort. Upon receipt of the final report, the WC case files are examined by the DOM TPL Unit as warranted. Inquiries containing Medicaid's subrogation rights to insurance companies, employers or attorneys are generated. Upon receipt of response, the source of eligibility is sent detailed information on the liable third party to include in the eligibility case file.

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The TPL Unit maintains related case files.

433.138(g)(3)(i) (3) A required data exchange takes place
and (iii) with the Department of Public Safety
52 FR 5967 (DPS) annually. The potential for a
useful data exchange is slight since the
DPS file is keyed by driver license
number. This is not always the social
security number which will be used to
execute the exchange. Furthermore, the
data maintained on the DPS file relates
only to the driver or the owner of the
vehicle; no passenger information.
Also, State law prohibits access to the
accident reports or supplemental reports.
In order to incorporate TPL data within
60 days, follow-up includes the MMIS
automatically generating inquiries to
recipients listed on final data
exchange report. Upon receipt of
response indicating a liable third party,
the source of eligibility will be sent TP
information to include in the eligibility
case file. The TPL Unit will maintain
related case files.

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433.138(g)(4)(i)
through (iii)
52 FR 5967

The MMIS identifies on a monthly basis those paid claims that contain diagnosis codes 800-999 (ICD-9-CM.) An accident questionnaire is system generated and mailed to each recipient whose accumulated monthly paid amount equals or exceeds \$250. Responses received by the TPL Unit that identify a liable third party, attorney, or insurance carrier require a notice and inquiry to that party advising of Medicaid's subrogation statute (section 43-13-125 of the Mississippi Code of 1972, annotated as amended) within 30 days. In order to incorporate TP information within 60 days, the sources of eligibility are notified to include TP information in the eligibility case record. The TPL Unit will make any necessary updates to the MMIS files and maintain related hard copy files. A detailed amount of the state's subrogation claim is provided to the third party upon request and updated immediately prior to settlement. Should Medicaid's potential recovery be less than the total subrogation interest, the case is referred to the staff attorney for a comprise determination (Section 43-13-125(2)(b), Mississippi Code of 1972, annotated amended.) Additionally, the right of subrogation by the state to the recipient's right to recovery shall be subject to ordinary and reasonable attorney fees (Section 43-13-125(2)(a), Mississippi Code of 1972, annotated as amended.)

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433.138(e)

Priority for follow-up will be given to the
trauma codes which yield the highest recovery
as evidenced by the quarterly report produced
by the DOM TPL Unit in-house computer program.

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